FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1 (See instructions)												
			Office use only									
NAME OF COMMITTEE (in	n full)	(Check if name is changed)		nple: If typyin the lines	g, type	12FE	4M5	1 1				
Citizens for 1	urner						ш	ш	ш		ш	
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ADDRESS (number and	d street)	31 N. Ludlow Stree	et, Suite	317 			<u> </u>	<u> </u>			ш	
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is changed)	L P	ayton		ш	Щ	ļОН	J	Ш	45402	<u> </u>	ш	Ш
CITY▲ COMMITTEE'S E-MAIL ADDRESS						STATE	•		ZIP CODE ▲			
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2. DATE 0	M / D D /	Y Y O O O O										
3. FEC IDENTIFIC	ATION NUMBER		<b>C</b> C00	373001								
4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)												
I certify that I have exar	nined this Statement	and to the best of my kn	owledge an	d belief it is tru	ie, correct an	nd comple	te					
Type or Print Name o	f Treasurer	Mr. Michael Ber	ning									
Signature of Treasure	er Electronically	Filed by Mr. Micha	ael Berni	ng		Date	<sup>M</sup> 2	M /	<sup>D</sup> <b>2</b> <sup>D</sup> <b>4</b>	/ Y	<sup>Y</sup> 2 0	0 9
NOTE: Submission of t		ncomplete information ma	-		_				2 U.S.C.	S437g.		
Office Use Only				For further in Federal Elect Toll Free 800 Local 202-69	ion Commiss -424-9530			F	FEC F	_		

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